



# **2005 SOUTH DAKOTA AMERICORPS APPLICATION INSTRUCTIONS**

## IMPORTANT NOTICE

These application instructions conform to the Corporation's on-line eGrants grant application system. The Corporation's eGrants website system will serve applicants and grantees. The Corporation will also support grants.gov when it is available.

**Public Burden Statement:** The Paperwork Reduction Act of 1995 requires the Corporation to inform all potential person who are to respond to this collection of information that such persons are not required to respond unless it displays a currently valid OMB control number. (See 5 C.F.R.

1320.5(b)(2)(i)). **Time Burden:** The time required to complete this collection of information is estimated to average 10 hours per applicant, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

**Use of Information:** The information collected constitutes an application to the Corporation for grant funding. The Corporation evaluates the application and makes funding decisions through the Corporation's grant review and selection process. **Effects of Non-Disclosure:** Providing this information is

voluntary; however, failure to provide the information would not allow the Corporation to assess the applicant's request for funding. Therefore it would not be possible to consider granting funds to the applicant. **Public**

**Comments:** Comments on the burden or content of this instrument may be sent to the Corporation for National and Community Service, 9<sup>th</sup> floor, Attn: Ms. Marlene Zakai, 1201 New York Avenue, N.W. Washington, D.C. 20525.

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## GENERAL INSTRUCTIONS

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**This document describes the application process for AmeriCorps\*State grants that will operate in South Dakota only.**

To be eligible for an AmeriCorps\*South Dakota program grant, organizations must 1) **propose a program that will operate only in South Dakota**, and 2) **meet the eligibility criteria listed below**. The program may have one or more service sites. Organizations may also seek funding to support a Statewide Initiative program model (a program that operates throughout the state and may or may not have a single issue focus).

In addition, the Corporation encourages all applicants to read the 2005 AmeriCorps Guidelines carefully before beginning to prepare an application. The Guidelines can be found on the Internet at [www.americorps.org](http://www.americorps.org).

These General Instructions apply to new, recompeting and continuation AmeriCorps\*South Dakota applications. Subsequent sections provide specific instructions for each of these application types:

1. ***New and Recompeting Program Grants*** (all applicants **not** currently in the 1<sup>st</sup> or 2<sup>nd</sup> year of an AmeriCorps\*State grant cycle and applicants in the final year of an AmeriCorps\*State grant cycle)
2. ***Continuation Grants*** (applicants in the 1<sup>st</sup> or 2<sup>nd</sup> year of an AmeriCorps\*State grant cycle)

## ELIGIBLE APPLICANTS

**The following organizations are eligible to apply for an AmeriCorps\*South Dakota program grant in order to provide AmeriCorps services solely within the state of South Dakota:**

Public or private non-profit organizations, including labor, faith-based and secular community organizations; institutions of higher education; subdivisions of states (e.g., cities, counties); Indian tribes; partnerships or consortia consisting of the foregoing, are eligible to apply for funding to the Corporation.

Any organization described in Section 501 (c)(4) of the Internal Revenue Code of 1986, 26 U.S.C. 501 (c)(4) that engages in lobbying activities is not eligible to apply, serve as a host site for member placements, or act in any type of supervisory role in the program.

## APPLICATION DEADLINE

**All South Dakota New, Recompeting, and Continuation Grants must be received by the Corporation by 5:00 p.m. Eastern Standard Time on **March 8, 2005**.**

## SUBMISSION DATE AND TIME

The Corporation requires that all applicants make every effort to submit their application electronically utilizing the Corporation's web-based application system, eGrants. Please go to [www.nationalservice.org/egrants/index.html](http://www.nationalservice.org/egrants/index.html) and create an eGrants account to begin the process of submitting your application online. Instructions on how to create an account are available at this website.

The Corporation strongly encourages you to create an eGrants account and begin your application at least 3 weeks prior to the final submission deadline. This should allow you time to address technical issues prior to the deadline.

**The deadline for eGrants submissions is 5:00 p.m. Eastern Standard Time on March 8, 2005.** If you are unable to submit your application using eGrants, a paper application along with a diskette or CD Rom with an exact duplicate of your application must be received at the Corporation for National and Community Service, 1201 New York Avenue, NW, Box ACN, Washington, DC 20525 **by 5:00 p.m. Eastern Standard Time on March 8, 2005.** If there are differences between the paper application and the diskette/CD Rom, we will use the diskette/CD Rom version.

You should contact the eGrants Help Desk immediately if a problem arises while you are creating your account, preparing, or submitting your application. In the event you are prevented from completing and submitting your application by the deadline because the eGrants system is unavailable or you are having technical eGrants submission issues, you must contact the eGrants Helpdesk at 888-677-7849 or 202-6060-5000 x533 or email at [egrantshelp@cns.gov](mailto:egrantshelp@cns.gov), prior to the 5:00 p.m. EST deadline to explain your technical issue and get a ticket number. You must then submit the following items to the Corporation:

- A brief paragraph including your eGrants ticket number and your explanation of the technical issues that prevented you from submitting in eGrants by the deadline;
- A paper application; and
- A diskette or CD Rom with an exact duplicate of your application.

Submit these items via overnight carrier (non-US Postal Service because of security-related delays in receiving mail from USPS) or by hand delivery to: Corporation for National and Community Service, 1201 New York Avenue, NW, Box ACN, Washington, DC 20525. These items must be postmarked no later than noon on **March 9, 2005** and received at the Corporation no later than **5:00 p.m. Eastern Standard Time on March 31, 2005 (two days after the deadline.)**

You can continue to work with the eGrants helpdesk to attempt to get your proposal submitted via eGrants. CNCS Staff will compare your paper/diskette submission against what was submitted in eGrants to ensure consistency.

In the event of prolonged unavailability on the date of submission, the Corporation reserves the right to extend the eGrants submissions deadline. A notice will be placed in eGrants notifying all users of the extended deadline. In this case applicants would need to submit applications via eGrants by the new deadline.

## EGRANTS APPLICATIONS

- ❑ We suggest you first prepare and save your application as a word processing document prior to inputting it into eGrants, then copy and paste the document into eGrants.
- ❑ Use only uppercase letters for all section headings and other information you would like to highlight in your narrative. Bold face, bullets, underlines, or other types of formatting, charts, diagrams, and tables will not copy into eGrants. Do not use any of these in your application.
- ❑ Remember to follow the character limits listed in the narrative section below. We use character limits rather than page limits because of the structure of eGrants. Characters are letters, punctuation, and spaces included in your document. Your word processing software can provide a character count.
- ❑ Grant applications must provide a Dun and Bradstreet Data Universal Numbering System (DUNS) number. The DUNS number is known as the universal identifier and helps the federal government improve statistical reports on federal grants and cooperative agreements. The DUNS number will not replace the EIN. DUNS numbers may be obtained at no cost by calling the DUNS number request line at (866) 705-5711. There is a DUNS number field in the Organization section in eGrants.

## PAPER APPLICATIONS

**The Corporation strongly encourages applicants to use eGrants to submit their application, because we will use eGrants to manage all awarded grants. In the event that you are unable to submit in eGrants, you may submit a paper application, following these instructions.**

- ❑ Submit one unbound, single-sided original paper application. We also ask that you submit a diskette in order to expedite processing. The diskette version must be an exact duplicate of the paper original and will be used to copy and paste your application information into eGrants. (Facsimiles or email versions of your application will not be accepted.) Paper applications must arrive at the Corporation by 5:00 p.m. Eastern Standard Time by the stated deadline. Submit to:  
Corporation for National and Community Service  
AmeriCorps\*South Dakota  
Box ACSD  
1201 New York Avenue NW  
Washington, DC 20525
- ❑ Type and double-space the application in Times New Roman, 12-point font size with one-inch margins.
- ❑ Adhere to the character limits listed in the General Submission Information section of this document and number the pages.
- ❑ Complete a Performance Measurement Worksheet for each of your performance measures following the instructions in Appendix F. Performance measures will be different based upon the longevity of the AmeriCorps program, the nature of the program and the performance indicators you use.
- ❑ Include a cover memo explaining why you are unable to submit in eGrants.

## COMPLIANCE REQUIREMENTS

**We require all applicants to:**

- ☐ Submit applications to the Corporation by the posted deadline: **5:00 p.m. Eastern Standard Time March 8, 2005**;
- ☐ Adhere to the character limits listed under the General Submission Information section for your application type (new, recompetete or continuation);and
- ☐ Submit a recent evaluation (completed in the last four years) of your program, if you have one (this is not required for planning grant applications).

Do not submit any supplementary materials such as annual reports, videos, brochures, letters of support, or any other supplementary documents not requested in the application. The Corporation will not review them.

**The Corporation will not review applications that:**

- ☐ are not eligible;
- ☐ are not responsive to the funding notice; or
- ☐ arrive at the Corporation after the deadline.

The Corporation reserves the right to review any application that is submitted.

## SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

The Corporation and other Federal agencies are collaborating with the White House Office of Faith-Based and Community Initiatives (FBCI) to conduct a survey of organizations that apply for Federal funding. The purpose of this voluntary information collection is to compile statistics on the types of organizations that apply to the Corporation for funds, such as number of employees, budget size, and self-identification as a faith-based/religious organization or a non-religious community-based organization. This form is only for applicants that are nonprofit private organizations (not including private universities). All information from the attached survey will be confidential and the responses will be aggregated in-house for a summary report. Information provided on your form will not be released and will not be considered in any way in making funding decisions.

There are two ways to complete the survey: 1) while preparing your application; and 2) after submitting your application.

- 1) To complete the survey while preparing your application, go to the eGrants Main Menu, click on Enter Survey on Ensuring Equal Opportunity, provide the requested information, and submit.
- 2) If you submit your grant application without completing the survey, a pop-up box will appear and ask you if you would like to complete the survey. You may select Yes, No, or Remind Me Later. If you select "Remind Me Later," you will be asked to fill in the survey next time you attempt to submit an application to the Corporation for National and Community Service.

If you are submitting a paper application, the survey forms and instructions are found in Appendix B.

## **SOUTH DAKOTA AMERICORPS NEW AND RECOMPETING APPLICATION INSTRUCTIONS**

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The following application instructions detail the submission requirements for new and recompeting South Dakota AmeriCorps\*State applications. Use them in conjunction with the 2005 AmeriCorps Guidelines. See pages **35 - 38** in the Guidelines for a detailed description of the review and selection criteria peer reviewers and staff will apply in their evaluation of new applications.

If your program is now in the final year of its grant cycle, you must use these application instructions and recompete as a new program, along with applicants who are not currently receiving AmeriCorps funding. Applicants for new and recompeting Statewide Initiative grants should also follow these instructions and clearly state that they are applying for a statewide initiative.

### **GENERAL SUBMISSION INFORMATION**

Your application consists of the following components. Please make sure to address each one.

- I. SF424 Facesheet**
- II. Program Model and Design**
- III. Narrative**
- IV. Service Categories**
- V. Performance Measurements**
- VI. SF424 Budget**
- VII. Documents**
- VIII. Authorization, Assurances, and Certifications**

#### **I. SF424 Facesheet (Applicant and Application sections<sup>1</sup>)**

See Appendix A.

eGrants - Complete the Applicant and Application sections<sup>1</sup>.

#### **II. Program Model and Design (Application section)**

See Appendix D.

eGrants – Complete the Program Model and Design portion of the Application screen.

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<sup>1</sup> “Section” refers to the different components of the application in eGrants.



### III. Narrative (Narrative section)

Provide a well-designed program plan with a clear and compelling justification for awarding the requested funds. The narrative covers the three-year program period for which you are requesting approval. The selection criteria and their percentage weights are cited below.

*If you are unable to include any element listed in the 2005 AmeriCorps Guidelines as part of your program, either because of your program model, or for any other reason, you must include an explanation in your application. We will consider your explanation during the grant application review process.*

The Narrative includes:

Executive Summary (4,000 characters<sup>2</sup>)

Summary of Accomplishments and Outcomes, if applicable (4,000 characters)

Program Design (60%)

Needs and Service Activities

Member Development

Strengthening Communities

Organizational Capacity (25%)

Budget/Cost Effectiveness (15%)

(41,000 characters)

*The maximum length for Executive Summary and Summary of Accomplishments is 4,000 characters for each field. The maximum length for Needs and Service Activities, Member Development, Strengthening Communities, Organizational Capacity, and Budget and Cost Effectiveness is 41,000 characters.*

eGrants - Each of these text fields has a maximum capacity of 32,000 characters. However, the total of all of the fields combined cannot be more than 41,000 characters. This allows you flexibility in the number of characters you place in each field.

#### A. Executive Summary

Provide a concise overview of your proposed program that summarizes the purpose, need, planned activities to address the need, anticipated outcomes, and how you will measure these outcomes. Please include the applicant organization's mission statement.

#### B. Summary of Accomplishments and Outcomes

*Complete this section if your organization: (1) currently receives AmeriCorps program funds or (2) has received Corporation program funds of any type within the last three years.*

1. If your organization currently receives AmeriCorps program funds, provide a clear description of the accomplishments and outcomes you achieved in relation to your AmeriCorps performance measures during the past three-year project period.
2. If you have received Corporation program funds of any type within the past three years, please provide a list.

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<sup>2</sup> Characters = all letters, punctuation, and spaces included in a document.

## C. Program Design

### 1. Needs and Service Activities

*Before you complete this section, carefully read Needs and Service Activities in the 2005 AmeriCorps Guidelines (pages 6-10). The guidelines provide specific information that will help you to address the topics below.*

- a. **Needs** – Provide a well documented, compelling description of the need in the communities you intend to serve and the process you used to identify these needs.
- b. **Description of Activities** – Include a detailed description of proposed activities that relate to the need(s) your program will address. Discuss members' role in these activities.
- c. **Experience in Proposed Activity Areas** – Describe your organization's experience in the proposed activity areas. Provide information on the extent of your involvement and include specific examples of accomplishments and outcomes.
- d. **Involvement of Community** – Describe how you involved the target communities and service sites in identifying community needs and planning your program; discuss how you will include them in your program implementation.
- e. **Prohibited Service Activities** – Describe how you will ensure compliance with rules on prohibited service activities. (See page 26, AmeriCorps Guidelines)

### 2. Member Development

*Before you complete this section, carefully read Developing AmeriCorps Members in the 2005 AmeriCorps Guidelines (pages 10-13). The guidelines provide specific information that will help you to address the topics below.*

- a. **Recruitment** – Describe how your organization will recruit members to serve in this program.
- b. **Member Support** – Describe clear plans for orienting, supervising, training and developing members.
- c. **Citizenship** – Describe how members will develop an understanding of civic responsibility and attain citizenship knowledge, skills, and attitudes.

### 3. Strengthening Communities

*Before you complete this section, carefully read Strengthening Communities in the 2004 AmeriCorps Guidelines (pages 13-19). The guidelines provide specific information that will help you to address the topics below.*

- a. **Developing Community Resources** – Describe how your organization plans to develop community resources, including the recruitment and management of volunteers. Identify the project number of volunteers you plan to recruit and their intensity (hours served, either in total or on average).
- b. **Community Partnerships** – Describe the community partnerships you intend to develop, including well-defined roles for faith and community-based organizations.
- c. **Capacity Building** – Describe plans for increasing the capacity of the organizations and institutions where members are serving and its relationship to sustainability. Describe members' role in these activities.
- d. **Sustainability** – Describe plans for achieving sustainability.

- e. **Federal Work Study (FSW) – For Higher Education Institutions only:**  
Describe your institution's efforts to support community service under Federal Work Study (FWS). Include the percentage of your school's 2003-2004 FWS funds that were used for community service placements and your plans for further efforts in this area. See pages 25-26 in the 2005 AmeriCorps Guidelines.

#### **D. Organizational Capacity**

*Describe your organization's overall capacity to operate an AmeriCorps program. In this section include the following topics.*

##### **1. Ability to provide sound program and fiscal oversight**

- a. **Brief history of your organization.** Include the year it was established.
- b. **Management structure.** Describe the staff structure and other resources that will support the program.
- c. **Role(s) of key staff person(s) responsible for the program. Identify the key program and fiscal staff positions.** Describe the background and experience of these staff members and plans to recruit, select, train, and support additional staff if necessary.
- d. **Capacity to manage finances.** Describe your capacity to manage a federal grant and to provide on site monitoring of the financial and other systems required for administration of AmeriCorps grant.
- e. **If proposing a multi-site program or statewide initiative model.** Discuss how you will connect the service sites through common program elements or activities and how you will ensure that your mission and vision for the AmeriCorps program and activities are maintained at all sites.

##### **2. Program Monitoring and Support**

- a. **Ability to monitor your overall program.** Describe your plans for monitoring compliance with fiscal and programmatic requirements. Provide a description of systems you will use to identify issues, strengths and weaknesses at the operating site level and placement site level if applicable and explain how you will address issues and effect change as needed.
- b. **Ability to provide training and technical assistance.** Describe your plans for providing training and technical assistance to service site(s), including the initial orientation. Describe the systems you will use to identify and respond to ongoing training and technical assistance needs.
- c. **If proposing a multi-site program or statewide initiative model,** describe the process and criteria you use to select operating service sites; and the nature of your current, as well as previous, program and funding relationships with all sites. If applicable, also describe your process and criteria for selecting member placement sites.

##### **3. Track record of accomplishments as an organization**

- a. Describe your past experience and institutional capacity to operate and monitor a program comparable to the one proposed.

**4. Plans or systems for self-assessment, evaluation and continuous improvement**  
(refer to pages 7 in the 2005 AmeriCorps Guidelines).

- a. Describe plans for tracking and evaluating progress toward meeting and achieving performance measures.
- b. Include plans for identifying issues, strengths and weaknesses, gathering feedback from and providing feedback to members, service sites, and partners.

**E. Budget/Cost Effectiveness**

Demonstrate your proposed program's strategy to obtain non-federal support and work towards sustainability.

**1. Non-federal support and sustainability**

- a. Discuss how your program will attempt to build community support and support from other funding sources.
- b. Discuss what match commitments (in-kind and cash) you have, what commitments you plan to secure and how you will secure them.

**IV. Service Categories (Performance Measures section)**

Please select the primary service categories that most closely apply to your program activities. See Appendix E.

eGrants - Enter the information in the Performance Measures section. The service categories appear on the performance measure section in eGrants. However, there is no direct correlation between the service categories and your performance measures.

**V. Performance Measurement Worksheet (Performance Measures section)**

Before you complete this section, read pages 21-23 and Appendix B of the 2005 AmeriCorps Application Guidelines. Also see the Performance Measurement Toolkit on the Corporation's website: [www.americorps.org](http://www.americorps.org).

We will review and consider your performance measures using the Program Design section of the selection criteria. Your performance measures should:

- be clearly linked to the program narrative;
- focus on the areas in which you expect to make the greatest impact; and
- cover a period of three years, with targets set for each year whenever possible based on the type of data collected.

Progress will be reviewed each year. At a minimum, we expect programs to include three performance measures: an output performance measure at the end of the first year, an intermediate-outcome measure at the end of the second year, and an end-outcome measure at the end of the third year.

Also:

- Please note that it is not necessary to include a performance measure for each of the these three categories – Needs and Service Activities, Member Development, and Strengthening Communities.

- At least one of the three measures should reflect the goal related to managing and recruiting volunteers unless your narrative describes why you cannot address this element.
- You may submit other measures beyond the three required. We will consider any additional performance measures you submit and will negotiate them along with the required measures.

Performance measures will be different based upon the longevity of the AmeriCorps program, the nature of the program, and the performance indicators you use.

See Appendix F.

eGrants - Using the Performance Measurement Worksheet in Appendix F as a guide, enter each of your performance measures in the correlating text fields in the Performance Measures section.

## **VI. Budget (Budget section)**

The budget should be sufficient to perform the tasks described in the proposal narrative. Do not include unexplained amounts for miscellaneous or contingency costs or unallowable expenses such as entertainment costs. See the relevant OMB Circulars for allowable expenses. Round all figures to the nearest dollar.

Follow the instructions in Appendix G to prepare your detailed budget. We recommend you prepare your project budget following the same order as the Budget Worksheet in Appendix H.

eGrants - eGrants will create the budget and the budget narrative automatically from the detailed budget information you enter. We recommend you prepare your budget offline. The format of the budget can be found in Appendix I.

## **VII. Additional Documents (Documents section)**

All additional documents must be submitted to the Corporation by the application deadline.

### **A. Program Evaluations**

Applicants should submit an evaluation completed in the last four years, if one is available. Submit either an electronic or printed version of the complete evaluation with a one-paragraph summary as a coversheet.

If you are submitting your evaluation electronically, please send it to [acapplications@cns.gov](mailto:acapplications@cns.gov) and include your application ID number and the legal applicant name in the subject line of the email.

If you are mailing your evaluation, please send the printed copy to the following address and **include the printed SF424 facesheet** so that we know the specific application that corresponds to this document:

Corporation for National and Community Service  
AmeriCorps\*South Dakota

Box ACSD  
1201 New York Avenue N.W.  
Washington, D.C. 20525

We must receive all evaluations by 5:00 p.m. Eastern Standard Time on **March 8, 2005**.

**VIII. Authorization, Assurances, and Certifications (Authorize and Submit sections)**

Read the authorization, assurances, and certifications carefully. See Appendix A #17 and Appendix C.

eGrants - Complete the Assurances and Certifications section.

## **SOUTH DAKOTA AMERICORPS CONTINUATION REQUEST INSTRUCTIONS**

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*The public input we received in advance of rulemaking overwhelmingly indicated that we should streamline our current process for applying for continuation funding in years two and three of a three-year grant period. We agree and intend to change our continuation application requirements to minimize the burden on grantees, while ensuring that the Corporation receives the information it needs to make fiscally responsible continuation awards. Please refer to the Notice of Proposed Rulemaking at [www.americorps.org/rulemaking](http://www.americorps.org/rulemaking) for more information.*

*Therefore, at this time, we are not including continuation request application instructions in this packet. We will release the 2005 application instructions for continuation applications in sufficient time for grantees to submit their continuation applications to the Corporation.*

## APPENDIX A - FACESHEET INSTRUCTIONS (EGRANTS “APPLICANT” AND “APPLICATION” SECTIONS)

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This form is required for applications submitted for federal assistance.

### **Item #**

1. Filled in for your convenience.
2. Self-explanatory.
3. 3.a. and 3.b. are for State use only (if applicable).
4. Item 4.a: Leave blank  
Item 4.b: If you are a recipient in year 2 or 3 of an already-awarded grant, enter the grant number. Otherwise, leave blank.
5. Enter the following information:
  - a. The complete name of the organization that will be legally responsible for the grant. Not the name of the organizational unit within the legally responsible organization. (For example, indicate “National University” instead of “Liberal Arts Department.”)
  - b. The name of the primary organizational unit that will undertake the assistance activity, if different from 5.a.
  - c. Your organization’s DUNS number (received from Dun and Bradstreet).
  - d. Your organization’s complete address with the 5 digit ZIP code. The four-digit extension is optional.
  - e. The name and contact information of the project director or other person to contact on matters related to this application.
6. Enter your Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
7. Item 7.a.: Enter the appropriate letter in the box.  
Item 7.b.: Consult the following list of characteristics of applicants and enter (all that apply) the corresponding numbers, each in a separate blank.

1. 2-year college	16. Local Education Agency
2. 4-year college	17. Local Government Municipal
3. Area Agency on Aging	18. National Non-profit (Multistate)
4. Chamber of Commerce/Business Association	19. Other Native American Organization
5. Community Action Agency/ Community Action Program	20. Other State Government
6. Community College	21. School (K-12)
7. Community-Based Organization	22. Self-Incorporated Senior Corps Project
8. Faith-based organization	23. Service/Civic Organization
9. Governor’s Office	24. State Commission/Alternative Administrative Entity
10. Grant-making Entity Operating in Two or More States	25. State Education Agency
11. Health Department	26. Statewide Association
12. Hispanic Serving College or University	27. Tribal Government Entity
13. Historically Black College or University (HBCU)	28. Tribal Organization (non-government)
14. Law Enforcement Agency	29. U.S. Territory
15. Local Affiliate of National Organization	30. Vocational/Technical College
	31. Volunteer Management Organization
8. Check the appropriate box for type of application and enter the appropriate letter(s) in the lower boxes:



- a. Check "New" if you are applying for assistance for the first time or are reapplying for a new grant cycle.
- b. Check "Continuation" if you are a grantee applying for your second or third year of funding within your 3-year project period.
- c. Check "Amendment" if you are a grantee proposing any change in your budget or requesting a no cost extension.
- d. Check "New Application/Previous Grantee" if this is an application for an AmeriCorps program and you are reapplying for a new grant cycle.

If you are proposing an amendment to your grant, check the type of revision you are submitting.

- a. Select "Augmentation" if you are an AmeriCorps grantee submitting a revised budget to incorporate a Corporation-authorized increase.
- b. Select "Budget Revision" to make a change in the grant budget, including slots.
- c. Select "No-Cost Extension" to request an extension of the grant period, then enter the extension date requested in the blank following the checkbox. No-cost extensions can be requested only in the third year of the 3-year grant cycle and must be requested before the project period ends.
- d. Select "Other," as applicable, and specify in the blank provided.

9. Filled in for your convenience.

10. Use the following list of CFDA (Catalog of Federal Domestic Assistance) numbers for the applicable program listing, or other source if so instructed in the NOFA:

94.006 AmeriCorps

11. a. Enter the title project. "Continuation," "Amendment," and "New Applicant/Previous Grantee" applicants should use the same title as their original or previous application.
- b. Enter the name of the CNCS program initiative, if any, as provided in the instructions corresponding to the NOFA for which you are applying; otherwise, leave blank.

12. List only the largest political entities affected (e.g., counties, and cities).

13. (see item 8)

- "New" application or "New application/previous grantee": Enter the dates for the proposed project period.
- "Continuation" or "Amendment" application: Enter the dates of the approved project period.

14. Check the appropriate box to indicate the grant year for which funding is being requested. Enter the amount requested or to be contributed during this budget period on the appropriate line, as shown below. The value of in-kind contributions should be included in these amounts, as applicable. For revisions (See item 8), if the action will result in a dollar change to an existing award, include only the amount of the change. For decreases, enclose the amounts in parentheses.

- |                          |  |
|--------------------------|--|
| a. <b>Federal</b>        | The total amount of Federal funds being requested in the budget.                                   |
| b. <b>Applicant</b>      | The total amount of the applicant share as entered in the budget.                                  |
| c. <b>Local</b>          | The amount of the applicant share that is coming from local sources.                               |
| d. <b>State</b>          | The amount of the applicant share that is coming from state sources.                               |
| e. <b>Other</b>          | The amount of the applicant share that is coming from other sources.                               |
| f. <b>Program Income</b> | The amount of the applicant share that is coming from income generated by programmatic activities. |
| g. <b>Total</b>          | The applicant's estimate of the total funding amount for the agreement                             |

15. Indicate if this application is subject to review by the state "Executive Order 12372 Process" by checking the box. Executive Order 12372, "Intergovernmental Review of Federal Programs," was issued with the desire to foster the

intergovernmental partnership and strengthen federalism by relying on state and local processes for the coordination and review of proposed federal financial assistance and direct Federal development. The Order allows each state to designate an entity to perform this function. A list of these "Single Point of Contact" entities can be found at: <http://www.whitehouse.gov/omb/grants/spoc.html>. Contact the Single Point of Contact to determine whether your application is subject to the state intergovernmental review process.

- a. If Yes, indicate the date a copy of your application was submitted to the state for review under the Executive Order 12372 Process
  - b. If No, check the appropriate box.
16. Check the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit allowances, loans, and taxes. If Yes, attach an explanation.
17. The person who signs this form must be the applicant's authorized representative. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office.

**Note:** Falsification or concealment of a material fact, or submission of false, fictitious or fraudulent statements or representations to any department or agency of the United States Government may result in a fine of not more than \$10,000 or imprisonment for not more than five (5) years, or both. (18 U.S. Code Section 1001)

# PART I - FACESHEET

## APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):		3. a. DATE RECEIVED BY STATE:	1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction																																										
3. a. DATE RECEIVED BY CNCS:		3.b. STATE APPLICATION IDENTIFIER:																																											
4. a. DATE RECEIVED BY CNCS:		4.b. CNCS GRANT NUMBER:																																											
5. APPLICANT INFORMATION																																													
5a. LEGAL NAME:  5b. ORGANIZATIONAL UNIT:  5c. ORGANIZATIONAL DUNS:		5e. NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):  NAME:  TELEPHONE NUMBER: (       )       -  FAX NUMBER: (       )       -  INTERNET E-MAIL ADDRESS:  WEBSITE:																																											
5d. ADDRESS (give street address, city, county, state and zip code):		7.a. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/>  <table style="width:100%;"> <tr> <td>A. State</td> <td>H. Independent School District</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Private Non-Profit Organization</td> </tr> <tr> <td colspan="2">O. Other (specify) _____</td> </tr> </table>		A. State	H. Independent School District	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Private Non-Profit Organization	O. Other (specify) _____																											
A. State	H. Independent School District																																												
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G. Special District	N. Private Non-Profit Organization																																												
O. Other (specify) _____																																													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div>		7.b. CNCS APPLICANT CHARACTERISTICS Enter appropriate code in each blank:     ,     ,     ,     ,																																											
8. TYPE OF APPLICATION (Check appropriate box): <input type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT  If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/>  A. AUGMENTATION: <input type="checkbox"/> B. BUDGET REVISION: <input type="checkbox"/> C. NO COST EXTENSION: <input type="checkbox"/> to _____ (enter date) E. OTHER (specify below): <input type="checkbox"/>		9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service																																											
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> Name of Program		11. a. TITLE OF APPLICANT'S PROJECT:																																											
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.):		11.b. CNCS PROGRAM INITIATIVE (IF ANY):																																											
13. PROPOSED PROJECT:      START DATE:      END DATE:																																													
14. ESTIMATED FUNDING: Check applicable box: Yr 1: <input type="checkbox"/> Yr 2: <input type="checkbox"/> or Yr 3: <input type="checkbox"/> <table style="width:100%;"> <tr> <td style="width:20%;">a. FEDERAL</td> <td style="width:10%;">\$</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td>b. APPLICANT</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. STATE</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. LOCAL</td> <td>\$</td> <td></td> <td></td> <td>N/A</td> <td></td> </tr> <tr> <td>e. OTHER</td> <td>\$</td> <td></td> <td></td> <td>N/A</td> <td></td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td>\$</td> <td></td> <td></td> <td>N/A</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		a. FEDERAL	\$					b. APPLICANT	\$					c. STATE	\$					d. LOCAL	\$			N/A		e. OTHER	\$			N/A		f. PROGRAM INCOME	\$			N/A		g. TOTAL	\$					15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____  b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. FEDERAL	\$																																												
b. APPLICANT	\$																																												
c. STATE	\$																																												
d. LOCAL	\$			N/A																																									
e. OTHER	\$			N/A																																									
f. PROGRAM INCOME	\$			N/A																																									
g. TOTAL	\$																																												
16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES    If "Yes," attach an explanation. <input type="checkbox"/> NO		17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																																											
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:		b. TITLE:	c. TELEPHONE NUMBER:																																										
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		e. DATE SIGNED:																																											

Modified Standard Form 424- (Rev.11/02 to conform to the CNCS eGrants system)

OMB Control #: 3045-0047

Expiration Date: 03/31/2005

## APPENDIX B - SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS



### SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

*Federal Agency Use Only*

OMB No. 3045-0047 Exp. 3/31/2005

**Purpose:** The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

**Instructions for Submitting the Survey:** If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

**Applicant's (Organization) Name:** \_\_\_\_\_

**Applicant's DUNS Number:** \_\_\_\_\_

**Grant Name:** \_\_\_\_\_ **CFDA Number:** \_\_\_\_\_

1. Does the applicant have 501(c)(3) status?

☐ Yes

☐ No

2. How many full-time equivalent employees does the applicant have? (*Check only one box.*)

☐ 3 or Fewer

☐ 15-50

☐ 4-5

☐ 51-100

☐ 6-14

☐ over 100

3. What is the size of the applicant's annual budget?

(*Check only one box.*)

☐ Less Than \$150,000

☐ \$150,000 - \$299,999

☐ \$300,000 - \$499,999

☐ \$500,000 - \$999,999

☐ \$1,000,000 - \$4,999,999

☐ \$5,000,000 or more

4. Is the applicant a faith-based/religious organization?

☐ Yes

☐ No

5. Is the applicant a non-religious community-based organization?

☐ Yes

☐ No

6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?

☐ Yes

☐ No

7. Has the applicant ever received a government grant or contract (Federal, State, or local )?

☐ Yes

☐ No

8. Is the applicant a local affiliate of a national organization?

☐ Yes

☐ No

## **SURVEY INSTRUCTIONS ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS**

**Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.**

1. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
2. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
3. Annual budget means the amount of money your organization spends each year on all of its activities.
4. Self-identify.
5. An organization is considered a community-based organization if its headquarters/service location shares the same zip code as the clients you serve.
6. An "intermediary" is an organization that enables a group of small organizations to receive and manage government funds by administering the grant on their behalf.
7. Self-explanatory.
8. Self-explanatory.

### **Paperwork Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **3045-0047**. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** Marlene Zakai, Office of Grants Policy and Operations, Corporation for National and Community Service, 1201 New York Avenue, NW, Washington, D.C. 20525.

**If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Marlene Zakai, Office of Grants Policy and Operations, Corporation for National and Community Service, 1201 New York Avenue, NW, Washington, D.C. 20525.

## APPENDIX C - ASSURANCES AND CERTIFICATIONS (AUTHORIZE AND SUBMIT SECTION)

---

### Instructions

By signing and submitting this application, as the duly authorized representative of the applicant, you certify that the applicant will comply with the Assurances and Certifications described below.

#### **a) Inability to certify**

Your inability to provide the assurances and certifications listed below will not necessarily result in denial of a grant. You must submit an explanation of why you cannot do so. We will consider your explanation in determining whether to enter into this transaction. However, your failure to furnish an explanation will disqualify your application.

#### **b) Erroneous certification or assurance**

The assurances and certifications are material representations of fact upon which we rely in determining whether to enter into this transaction. If we later determine that you knowingly submitted an erroneous certification or assurance, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

#### **c) Notice of error in certification or assurance**

You must provide immediate written notice to us if at any time you learn that a certification or assurance was erroneous when submitted or has become erroneous because of changed circumstances.

#### **d) Definitions**

The terms “covered transaction”, “debarred”, “suspended”, “ineligible”, “lower tier covered transaction”, “participant”, “person”, “primary covered transaction”, “principal”, “proposal”, and “voluntarily excluded” as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. An applicant shall be considered a “prospective primary participant in a covered transaction” as defined in the rules implementing Executive Order 12549. You may contact us for assistance in obtaining a copy of those regulations.

#### **e) Certification requirement for subgrant agreements**

You agree by submitting this proposal that if we approve your application you shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by us.

#### **f) Certification inclusion in subgrant agreements**

You agree by submitting this proposal that you will include the clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transactions,” provided by us, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

#### **g) Certification of subgrant principals**

You may rely upon a certification of a prospective participant in a lower-tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless you know that the certification is erroneous. You may decide the method and frequency by which you determine the eligibility of your principals. You may, but are not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

#### **h) Non-certification in subgrant agreements**

If you knowingly enter into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

#### **i) Prudent person standard**

Nothing contained in the foregoing may be construed to require establishment of a system of records in order to render in good faith the assurances and certifications required. Your knowledge and information is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

## ASSURANCES

As the duly authorized representative of the applicant, I certify, (to the best of my knowledge) and belief, that the applicant:

1. Has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of program costs) to ensure proper planning, management, and completion of the program described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with all rules regarding prohibited activities, including those stated in applicable application guidelines, grant provisions, and program regulations, and will ensure that no assistance made available by the Corporation will be used to support any such prohibited activities.
6. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
7. Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the National and Community Service Act of 1990 or the Domestic Volunteer Services Act, as amended; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
8. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal or federally assisted programs. These requirements apply to all interests in real property acquired for program purposes regardless of federal participation in purchases.
9. Will comply, as applicable, with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
10. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C 276a and 276a-7), the Copeland Act (40 U.S.C 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for Federally assisted construction sub-agreements.
11. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires the recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
12. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of program consistency with the approved state management program developed

under the Coastal Zone Management Act of 1972 (16 U.S.C 1451 et seq.); (f) conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

13. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
14. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification, and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16U.S.C. 469a-l et seq.).
15. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
16. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
17. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984, as amended, and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations.
19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, application guidelines, and policies governing this program.

## **CERTIFICATIONS**

### **1. Lobbying (Activities)**

As required by Section 1352, Title 31 of the U.S. Code, as the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that:

- (a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, renewal, amendment or modification of any federal grant, or cooperative agreement;
- (b) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all tiers (including subawards, subgrants, contracts under grants and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

### **2. Debarment, Suspension, and Other Responsibility Matters**

*This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, Section 85.510, Participants' responsibilities.*

A. As the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that neither the applicant nor any of the principals:

- (a) Is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.
- (b) Has, within a three-year period preceding this application, been convicted of, or had a civil judgment entered in connection with fraud or other criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.



(c) Is presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in the above paragraph of this certification, and

(d) Has within a three-year period preceding this application, had one or more public transactions (Federal, State or local) terminated for cause or default and

B.If you are unable to certify to any of the statements in this certification, you must attach an explanation to this application.

### **3. Drug-Free Workplace (Grantees other than Individuals)**

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988, 34 CFR Part 85, Subpart F. The regulations require certification by grantees, prior to award, that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the agency determines to award the grant. False certification or violation of the certification may be grounds for suspension of payments, suspension or termination of grants, or government-wide suspension or debarment (see 34 CFR Part 85, Section 85.615 and 85.620).

As the duly authorized representative of the grantee, I certify, to the best of my knowledge and belief that the grantee will provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establish an ongoing drug-free awareness program to inform employees about—

(1) the dangers of drug abuse in the workplace,

(2) the grantee's policy of maintaining a drug-free workplace.

(3) any available drug counseling, rehabilitation, and employee assistance programs, and

(4) the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (A) that, as a condition of employment under the grant, the employee will:

(1) abide by the terms of the statement, and

(2) notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction.

(e) Notifying us within ten days after receiving notice under subparagraph (d) (2)) from an employee or otherwise receiving actual notice of such conviction;

(f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d) (2), with respect to any employee who is so convicted—

(1) taking appropriate personnel action against such an employee, up to and including termination or

(2) requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

G. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f)

## ASSURANCES AND CERTIFICATIONS

ASSURANCE SIGNATURE:      NOTE: Sign this form and include in the application.

---

SIGNATURE:      By signing this assurances page, you certify that you agree to perform all actions and support all intentions in the Assurances section.

Organization Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Name and Title of Authorized Representative: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CERTIFICATION SIGNATURE:      NOTE: Sign this form and include in the application.

---

**Before you start:** Before completing certification, please read the Certification Instructions.

SIGNATURE:      By signing this Certification page, you certify that you agree to perform all actions and support all intentions in the Certification sections of this application. The three Certifications are:

- ☐ Certification: Debarment, Suspension and Other Responsibility Matters
- ☐ Certification: Drug-Free Workplace
- ☐ Certification: Lobbying Activities

Legal Applicant: \_\_\_\_\_

Program Name: \_\_\_\_\_

Name and Title of Authorized Representative: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX D – PROGRAM MODEL AND DESIGN (APPLICATION SECTION)

### SECTION I: PROGRAM MODEL

**Directions:** Choose at least one program model from Section I.

✓	Section I: Program Models (Check up to three)	
	<b>Youth Corps</b>	A full-time, year-round program or full-time summer program, such as a conservation corps or youth service corps that undertakes meaningful service projects with visible public benefits. Includes as participants youths and young adults between the ages of 16 and 25 inclusive, including out-of-school youths and other disadvantaged youths.
	<b>Pre-Professional Corps</b>	A program in which students enrolled in an institution of higher education receive training in specified fields, which may include classes containing service-learning; perform service related to such training outside the classroom during the school term and during summer or other vacation periods.
	<b>College-based Service</b>	A program that recruits and places college students in primarily reduced terms of service to meet community-identified needs in a variety of service settings.
	<b>Professional Corps</b>	A program that addresses critical community needs through the service of professionals, such as teachers, nurses, doctors, emergency medical technicians (EMT), and other health care providers, social workers, early childhood development staff, engineers, lawyers, paralegals, police officers and fire fighters in communities with inadequate numbers of such professionals. The public or private non-profit employer must sponsor AmeriCorps members and agree to pay 100% of member salaries and benefits (excluding the education award).
	<b>Service Learning Program</b>	A program that provides specialized training to individuals in service- learning and places the individuals after such training in positions, including positions as service-learning coordinators, to facilitate service-learning in programs eligible for funding under part I of subtitle B of this subchapter.
	<b>Youth Service</b>	A program that provides needed positive services to youth, including tutoring, mentoring, enrichment, recreation, or a combination of such activities.
	<b>Volunteer Leveraging</b>	A program through which members recruit and coordinate community volunteers and/or create volunteer service placement opportunities to meet community needs.
	<b>Other</b>	Does not fit into any of the above categories.

### SECTION II: PROGRAM DESIGN

**Directions:** Choose one or more program designs from Section II.

✓	Section II: Program Design (Check All that Apply)	
	<b>Team-based</b>	A program where members regularly function as a team during the service week.
	<b>Individual Placement /Scattered Site</b>	A program that places one member at sites in a variety of locations.
	<b>Team-based and Individual Placement</b>	A program that utilizes both team-based and individual placement program designs.
	<b>Multi-State or National</b>	A program that places members in sites in more than one state.
	<b>Intermediary Organization</b>	Intermediary organizations provide the mechanism by which a number of community or faith-based organizations or grassroots groups may access AmeriCorps and other Corporation resources. We define intermediaries as national, regional, state, or local organizations that agree to provide the technical and financial support to assist community or faith-based organizations that do not have the capacity to perform these functions. Intermediaries serve as the legal applicant for a Corporation grant, thereby ensuring that the systems to manage a federal grant are in place (AC Guidelines p. 16-17)
	<b>Statewide Initiative</b>	A program that operates throughout the state and may or may not have a single issue focus.

### SECTION III: PROGRAM LOCATION

**Directions:** Choose the service areas that best describe your program in Section III.

<input checked="" type="checkbox"/>	Section III: Geography (Check all that apply)	
<input type="checkbox"/>	<b>Urban</b>	A program designed to meet the needs of urban communities.
<input type="checkbox"/>	<b>Rural</b>	A program designed to meet the needs of rural communities.
<input type="checkbox"/>	<b>Both</b>	A program designed to meet the needs of both urban and rural communities.
<input type="checkbox"/>	<b>Empowerment zones or redevelopment areas</b>	Communities designated as empowerment zones or redevelopment areas, targeted for special economic incentives, or otherwise identifiable as having high concentrations of low-income people.
<input type="checkbox"/>	<b>Environmentally distressed areas</b>	Areas that are environmentally distressed.
<input type="checkbox"/>	<b>Areas affected by Federal actions related to the management of Federal lands</b>	Areas adversely affected by Federal actions related to the management of Federal lands that result in significant regional job losses and economic dislocation.
<input type="checkbox"/>	<b>Areas affected by military downsizing</b>	Areas adversely affected by reductions in defense spending or the closure or realignment of military installations.
<input type="checkbox"/>	<b>Areas with high unemployment rates</b>	Areas that have an unemployment rate greater than the national average unemployment for the most recent 12 months for which satisfactory data are available.

### SECTION IV: PROGRAM FOCUS

**Directions:** Choose one or more program focus areas from Section IV.

Choose one or more program focus areas from Section IV:					
✓	Section IV: Program Focus (Check All that Apply)				
	Unemployed		Pre-school Children		Native American community
	Seniors		K-12 Students		African American community
	Homeless		College Students		Asian American community
	Immigrants		Young Adults (17-24)		Latin American community
	Low-Income Housing Residents		At-Risk Youth		Veterans
			Childhood Literacy		Homeless Veterans
	Persons with HIV/AIDS		Children of Prisoners		Low-Income Community
	Farm Worker Families		Foster Children		Families/Parents
	Mentally/Physically Challenged		Victims/Potential Victims of Crime		Incarcerated individuals and ex-offenders

Digital Divide

The program conducts activities that increase computer literacy and access for disadvantaged populations.